

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	ADAM T. WENZKE	COURT CASE NUMBER	CA 07-504 XXX-SLR
DEFENDANT	CORRECTIONAL MEDICAL SYSTEMS	TYPE OF PROCESS	ORDER / COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
→	CORRECTIONAL MEDICAL SYSTEMS (HEALTH CARE PROVIDER)		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	HRYCI 1301 E. 12 th ST. WILM Wilm, DE 19809		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

ADAM T. WENZKE #182595
D.C.C. Bldg. #21
1181 PADDOCK ROAD
SMYRNA, DE 19977

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

PAUPER CASE

Signature of Attorney or other Originator requesting service on behalf of:

Adam T. Wenzke

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

10/10/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 15

District to Serve

No. 15

Signature of Authorized USMS Deputy or Clerk

DF

Date

175-08

I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Marge Slack, Admin Assistant

Address (Complete only if different than shown above)

1201 College Park Drive, Suite 102
Dover, DE 19904

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

2/28/08

Time

12:55 pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

FILED
DISTRICT COURT
OF DELAWARE
MAR-4 AM 9:40